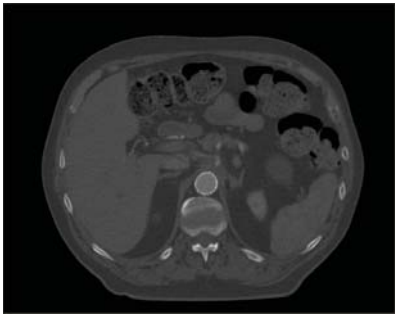
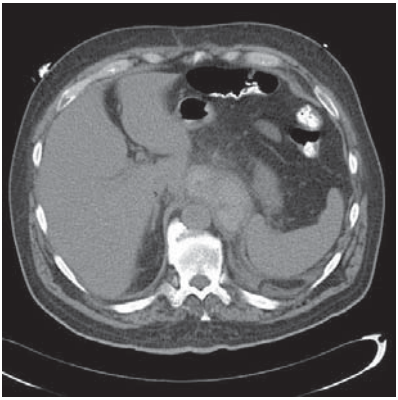
RF7 Endovascular Repair of an Abdominal Aortic Mycotic Aneurysm

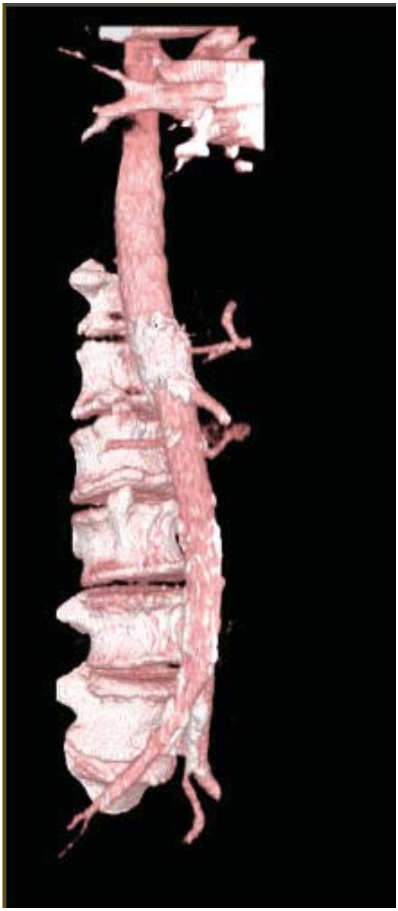
Richard C. Hershberger, MD, Giavonni Lewis, MD and Bernadette Aulivola, MD

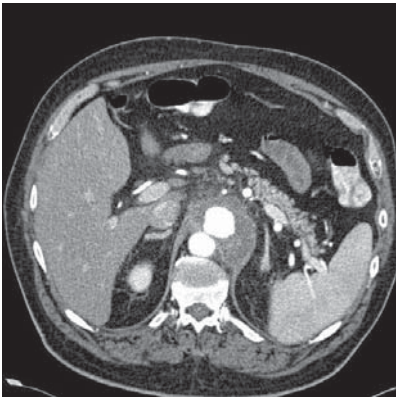
From: Vascular Surgery, Loyola University Medical Center, Maywood, IL

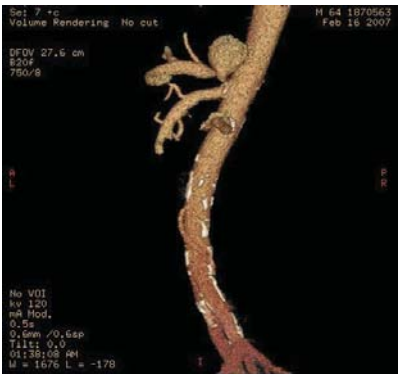
A 65 year-old man presented with a three to four day history of back pain. In addition, the patient had complaints of shaking chills, nausea, and vomiting for one day. He had a history of recurrent urinary tract infections and was noted to be febrile on initial evaluation. Initial work-up revealed a leukocytopenia with a WBC count of 2.5 K/UL. Initial blood cultures grew *Escherichia coli* and urine cultures grew coagulase negative *Staphlococcus*. CT scan of the abdomen and pelvis demonstrated a 7.7 cm saccular aortic aneurysm located in close proximity to the celiac trunk (Figure 1). Antibiotics were started intravenously. Repeat blood cultures sent on hospital day 2 had no growth. Stress testing was performed for evaluation of his symptoms of chest pain and this demonstrated evidence of inducible myocardial ischemia. On hospital day 2, the patient became acutely hypotensive and complained of progressively worsening back pain. Repeat CT scan revealed retroperitoneal fluid accumulation concerning for aneurysm rupture (Figure 2). Given the patient's recent abnormal stress test and evidence of acute renal insufficiency, open surgical repair was considered to be high risk, therefore endovascular repair was recommended. The patient was taken urgently to the operating room for endograft coverage of the aneurysm using a 28.5 mm x 3.3 cm Gore Excluder cuff. This was performed via a right femoral artery cutdown. Coverage of the celiac axis origin was required in order to cover the aneurysm orifice. Follow-up CT scan performed 5 days postoperatively demonstrated a stable retroperitoneal fluid collection and excluded saccular aneurysm with a Type II endoleak from the celiac trunk. The patient remained afebrile and hemodynamically stable. The patient was treated with long-term oral antibiotics. Six-month follow-up CT scan revealed resolution of the endoleak with no flow in the aneurysm cavity (Figure 3). The patient continues to be asymptomatic one year postoperatively.










Se: 7 +c
Volume Rendering No cut
M 64 1870563
Feb 16 2007
DFOV 27.6 cm
B20F
750/8
No VOI
kv 120
mA Mod.
0.5s
0.6mm /0.6sp
Tilt: 0.0
01:38:08 AM
W = 1676 L = -178